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PTO/SB/31 (02-09)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 55670DIV(45858)
In re Application of Robert W. Blakesley et al.		
Application Number 10/600,584-Conf. #5497		Filed June 19, 2003
For ARCHIVING OF VECTORS		
Art Unit 1631	Examiner J. S. Brusca	

Applicant hereby **appeals** to the Board of Patent Appeals and Interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ 540.00

Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____

A check in the amount of the fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director has already been authorized to charge fees in this application to a Deposit Account.

The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 04-1105.

A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

WARNING: INFORMATION ON THIS FORM MAY BECOME PUBLIC. CREDIT CARD INFORMATION SHOULD NOT BE INCLUDED ON THIS FORM. PROVIDE CREDIT CARD INFORMATION AND AUTHORIZATION ON PTO-2038.

I am the

applicant /inventor.

assignee of record of the entire interest.
See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

attorney or agent of record.
Registration number 34,901

attorney or agent acting under 37 CFR 1.34.
Registration number if acting under 37 CFR 1.34. _____

Kathryn A. Piffat, Ph.D.
Signature

Kathryn A. Piffat, Ph.D., Esq.
Typed or printed name

(617) 517-5516

Telephone number

March 23, 2009

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required, see below*.

<input type="checkbox"/> *Total of <u>1</u> forms are submitted.
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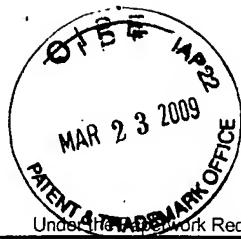
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